

## **Wyoming Secretary of State**

Herschler Building East, Suite 101 122 W 25th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311

Email: Business@wyo.gov

For Office Use Only

## **Foreign Profit Corporation Articles of Domestication**

Pursuant to W.S. 17-16-1801 the undersigned hereby applies for a Certificate of Domestication.
1. Corporation name:
2. Incorporated under the laws of:
(State of formation)
3. Date of incorporation:  ( mm/dd/yyyy)
4. Period of duration: (This is referring to the length of time the corporation intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")
5. Mailing address of the corporation:
6. Principal office address:
7. Name and physical address of its registered agent: (The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. The registered agent must have a physical address in Wyoming. If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed in addition to a physical address.)
Name:
Address:

(If mail is received at a Post Office Box, please list above in addition to the physical address.)

8. Purpose or purposes of the corporation which it proposes to pursue in the transaction of business in Wyoming:

9. Names and usual business add	lresses of its currer	nt officers and directors:
Office	<u>Nam</u> e	Address
President		
Vice President		
Secretary		
Treasurer		
Director		
Director		
Director		
10. Aggregate number of shares (Itemize by classes, par value of shares	_	o units which it has the <b>authority to issue.</b> alue and series, if any, within a class.)
11. Aggregate number of <b>issued</b> shares, shares without par value and se		vnership units.(Itemize by classes, par value of
shares, shares vimour par value and se	ries, if any, wintin a c	
12. The corporation accepts the of Article 10, Section 5 of the Wyo		state of Wyoming in compliance with the requirement of .
13. Certification. (Please check the	hor to complete the r	equired certification )
	e business entity to	accept electronic service of process at the required email address
Signature:		Date:
Print Name:		(mm/dd/yyyy)
Title:		Contract Page 201
		Contact Person:
Daytime Phone Number:		Email: (This is a required field. Email provided will receive annual report
		reminders and filing evidence) *May list m ltiple em il ad resses

## REQUIRED ATTACHMENTS TO INCLUDE WITH THE FILING:

A certified copy of its <u>original</u> articles of incorporation and all amendments currently certified within the last six (6) months by the proper officer of the state of formation.

The completed application must be accompanied by an **original certificate of existence/good standing**, dated *not more than thirty (30) days* prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state of formation.